

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 7.a:

Adjustments (UB)




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Back Forward Stop Home Search Favorites RSS Mail Print

Address https://azwebst.statemedicaid.us/ClaimSubmission/Default.asp?Provider_ID=436198 Go Links



Arizona Health Care Cost Containment System



:: Main Menu :: FAQ :: LogOut ::

Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.35

AHCCCS Provider ID

User Account

Claim Submission

Enter New Claim

Type of Claim: Institutional


- Professional
- Institutional**
- Dental

View Status

Date of Submission:

Click on the down arrow.

Click on Institutional.



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Back Search Favorites

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Claim Submission

Enter New Claim

Type of Claim:


Click on Go

View Status

Date of Submission:

Account Information

User Name:	awescobedo
User ID:	0000020
Type:	Individual
IP:	170.68.241.35
AHCCCS Provider ID:
User Account	



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Back Forward Stop Home Search Favorites

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Arizona Health Care Cost Containment System

ARIZONA
@YOUR SERVICE

Home Menu :: Main Menu :: FAQ :: LogOut ::

Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
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- Newborn Notification
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- Provider Verification

Institutional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456			123456789	<input type="text" value="Find..."/>	

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.46

AHCCCS Provider ID:

User Account

Note:

As of March 1, 2008 the NPI ID number will be required.


Type your AHCCCS Provider ID number here

Type your Tax ID number here

Click on Find

Note:

When adjusting a claim prior to 03/01/08, do not use the NPI number if the claim was originally billed without the NPI number or your adjustment will deny for un-match key fields.



us - Arizona Health

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Back Search Favorites

Address <https://azwebstst.statemedicaid.us/ClaimSubmission/Institutional-1.asp> Go Links



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:: Main Menu :: FAQ :: LogOut ::

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- Eligibility and Enrollment Status
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- Electronic Remittance Advice
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Institutional Claim Information

Help

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789	<input type="button" value="Find..."/>	The Place BH OUTPATIENT CLINIC

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678	<input type="button" value="Find..."/>		

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual


IP: 170.68.241.46

AHCCCS Provider ID

User Account

Type the Members AHCCCS ID #

Then Click on Find



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Back Forward Stop Home Search

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Main Menu :: FAQ :: LogOut ::

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Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.90

Institutional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Tax ID	Name	Type
123456		01	123456789	Find...	The Place BH OUTPATIENT CLINIC

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A00000000 Find...	Doe, John	02/01/1978	M

Statement Covers Period

From	Through	Covered Days	Non-Covered Days	Coinsurance Days	Lifetime Reserve Days
01/01/07	01/31/07	31			

Type Admission Source Discharge Hour Type of Bill Original Reference Number

			717	07000000000000
--	--	--	-----	----------------

Condition Codes

Record Number	Patient Status	1	2	3	4	5	6	7	8
	30								

< Previous Next >

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Note:
There are built in edits that won't allow claim entry to continue until required fields are completed. If a required field is blank an edit message will appear asking for the information. When the edit message is clicked, the cursor will go to the field that requires the information.

Note:
Adjustment of a denied claim:
Correct the claim and resubmit the claim in its entirety, including all original lines if the claim contained more than one line. Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim.
Adjusting a paid claim:
Make changes/add lines to the new claim and submit the claim containing all previously submitted lines. If any previously paid lines are omitted, the AHCCCS system will assume that those lines should not be considered for reimbursement, and payment will be recouped.

Enter the appropriate adjustment Bill Type here

Enter the Original Claim Record Number (CRN) of the claim you want to adjust here

Click on Next to continue to next screen